<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Boherduff Services Clonmel</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0005363</td>
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<tr>
<td>Centre county:</td>
<td>Tipperary</td>
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<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 38 Arrangement</td>
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<tr>
<td>Registered provider:</td>
<td>Brothers of Charity Services Ireland</td>
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<tr>
<td>Provider Nominee:</td>
<td>Julia Kelly</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Noelene Dowling</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>8</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>0</td>
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About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:
▪ Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
▪ Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider’s compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:
▪ to monitor compliance with regulations and standards
▪ following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
▪ arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.
Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times
From:          To:
28 November 2017 09:30  28 November 2017 19:30
29 November 2017 09:00  29 November 2017 14:00

The table below sets out the outcomes that were inspected against on this inspection.

<table>
<thead>
<tr>
<th>Outcome 01: Residents Rights, Dignity and Consultation</th>
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<tr>
<td>Outcome 05: Social Care Needs</td>
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<td>Outcome 06: Safe and suitable premises</td>
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<td>Outcome 07: Health and Safety and Risk Management</td>
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<td>Outcome 08: Safeguarding and Safety</td>
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<td>Outcome 09: Notification of Incidents</td>
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<td>Outcome 11: Healthcare Needs</td>
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<td>Outcome 12: Medication Management</td>
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<td>Outcome 13: Statement of Purpose</td>
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<td>Outcome 14: Governance and Management</td>
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<td>Outcome 15: Absence of the person in charge</td>
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<td>Outcome 17: Workforce</td>
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<td>Outcome 18: Records and documentation</td>
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Summary of findings from this inspection
Background to inspection:
This inspection was undertaken following an application to vary the conditions of registration which was granted in April 2016. The variation involves an additional unit and an increase in bed numbers from 3 to 9 residents. The additional unit had been inspected as a standalone centre in March 2016 but since then the provider decided to amalgamate both units into one designated centre.

The centre is operated by an organisation which has a number of designated centres in the region and others nationwide. At the monitoring inspection in 2016 there were 18 non-compliances identified. These were also reviewed as part of this inspection. In total 13 outcomes were inspected against.

Description of the service:
The statement of purpose indicates that the service will provide long-term residential care and one respite place to 9 residents with moderate to severe intellectual disability, a mental health diagnosis and autism. The centre is a mixed centre where one of the units accommodates a family group with a young sibling (child) availing of a respite bed on a monthly basis. In these circumstances the mix of adults and children was found to be appropriate.

The inspector found that the care practices and services were in compliance with the statement of purpose as outlined but staffing levels in one unit did not correspond with the assessed needs of the residents and required review.

The centre is comprised of two individual units and one adjacent semi self-contained apartment located in a town centre. The centre is located close to all services and amenities.

How we gathered our evidence:
The inspection was announced and took place over two days. As part of the inspection the inspector met with 8 residents and staff members, service and regional managers. The inspector spoke with three residents. Residents who could communicate with the inspector said they were happy living in the centre and enjoyed their activities, work and hobbies and were planning events and activities. Other residents communicated according to their own preferences and allowed the inspector to spend time with them and observe their routines. Residents were assisted by staff to complete questionnaires.

A number of relatives communicated with HIQA via questionnaires. These indicated that they were very happy with the care provided, had opportunities to visit the centre prior to admission and were always consulted and informed regarding the care of their relatives. They said staff were proactive in how they provided care and sought to maximise the residents' wellbeing and development. However, feedback was provided in relation to the management of complaints and this was followed up as part of the inspection.

The inspector reviewed the findings from both previous inspections and all notifications which had been forwarded to HIQA. The inspector observed practices and reviewed the documentation including personal plans, medical records, complaints records accident and incident reports, and policies, procedures and personnel files.

Overall judgment of our findings:
The inspector found that the provider had made improvements in a significant number of areas which promoted residents’ safety and welfare. The provider had made significant progress in all areas identified for improvement at the previous inspection. Governance systems had been significantly improved and safeguarding concerns evident at the previous inspection had been resolved.

However, a number of the findings of this report are influenced by the fact that the
person in charge appointed in 2016 had, of necessity, been required to devote significant time to one of the two main units in the centre due to staff shortages and was therefore unable to provide adequate oversight to the second unit. This matter had been resolved at the time of this inspection.

There continued to be differences evident across both units in the current staffing levels and therefore access to social activities and therapeutic day-to-day supports for some residents.

Good practice was identified in areas such as:
• Residents were helped to make choices in their daily routines and their primary care needs were very well managed by staff
• Safeguarding systems were satisfactory which promoted residents wellbeing and safety (outcome 8)
• There was good access to a range of allied health services which promoted residents health and development (outcome 5 & 11)
• All residents had regular multidisciplinary reviews which promoted their welfare.

Improvements were required in the following areas:
• Risk management procedures for fire safety required review to ensure they were sufficient to protect the residents in such an event (outcome 7)
• Staffing levels in one unit were not satisfactory to ensure resident had access to meaningful activities and therapeutic programmes (outcome 17).
• Follow through on social care plans for residents to ensure wishes and preferences were achieved (outcome 5)
• Complaints were not consistently managed transparently or in a timely manner (outcome 1)
• Some improvements were required in the details of records available pertaining to residents (outcome 18).

The reasons for these findings are explained under each outcome in the report and the regulations that are not being met are included in the Action Plan at the end.
Outcome 01: Residents Rights, Dignity and Consultation
Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident’s privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
While this aspect was not reviewed in its entirety the inspector found that staff supported residents to make choices and decisions in their daily lives and routines according to their capacity.

However, improvements were required in two areas. The complaint policy was in accordance with the regulations with appropriate oversight evident. Generally, records reviewed demonstrated that complaints were responded to appropriately. However, there was evidence on record seen that a longstanding and serious complaint made by a family member had not been responded to satisfactorily and within a reasonable time frame.

The local management team and complaint manager had acted according to the policy but there was no satisfactory response when this required a more senior management intervention and acknowledgment to the complainant. While the specific concern was no longer occurring there was a failure to acknowledge the views of the complainant and requests for further review.

Residents were required to carry their complete personal files and records to day-care services. This was a historical practise which staff advised was due to the need for good communication between services. However, the amount of information was excessive and also posed a risk to the confidentially of personal information should it be mislaid for any reason.

External supports were available for a number of residents to ensure their rights were
being protected. Due to the dependency levels of the residents there was a high dependency on and or legal representatives to advocate and support residents.

Formal systems for consultation with residents were not helpful in this instance therefore staff and family members were seen to act on residents behalf on an individual basis to ensure their preferences were known and supported. It was apparent to and observed by the inspector that staff understood and responded to residents’ needs, means of communication and choices in their daily lives.

Privacy and dignity was seen to be respected and residents' personal belongings were itemised and maintained safely. Staff were seen to interact with the residents warmly and in a respectful manner.

**Judgment:**
Non Compliant - Moderate

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**Outcome 05: Social Care Needs**

*Each resident’s wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident’s assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.*

**Theme:**
Effective Services

**Outstanding requirement(s) from previous inspection(s):**

*Some action(s) required from the previous inspection were not satisfactorily implemented.*

**Findings:**

The actions from the previous inspection had been partially resolved.

Records and interviews confirmed that residents had multidisciplinary reviews annually and pertinent allied healthcare assessments had also been sourced. These included speech and language therapy, physiotherapy, psychology and mental health supports a number of which are integral to the organisation. These assessments informed the support plans for resident’s day-to-day care. Personal planning was undertaken with the consultation of residents and their relatives as appropriate and relatives confirmed this to the inspector.

However, while these aspects had significantly improved a number of goals and plans made at annual reviews were not consistently implemented. These were specifically in relation to recreation and activities for a number of residents. Holidays or concerts
identified by or on behalf of residents at planning meetings had not been achieved. The inspector was unable to fully ascertain the reasons for this but staff advised that historically they always took a holiday as a group and had been unable to do so this year. Other options had not been explored.

Residents social care needs were not consistently met. While it was evident that there was considerable recreation and external activity arranged via the day-care services which were tailored to the needs and preferences of the individual residents. However, there was a significant difference evident between the units in residents' access to activities of their choice in particular at weekends, evening times and within the units. Staffing ratios differed in both units. One of the units had a one to one ratio at all times.

The second unit which supported 6 residents, five with high dependency needs, was staffed by two persons at evenings and at weekends. Staff in this unit were seen to be task focussed out of necessity and the residents' primary care needs and primary care needs very well known to and supported by staff.

Trips out for these residents were undertaken as a group and as a result often did not result in more than a drive. Five of the residents had a sensory assessment which had detailed interventions to reduce anxieties and provide support on a day-to-day basis. Staff were unable to implement these in one unit.

The differences were very noticeable by observation in both units. For example, in one unit there was regular, varied and interesting options such as therapeutic horse riding, and hobbies such as wood work and painting. Residents were observed to be undertaking their own preferred activities with staff support.

Judgment:
Non Compliant - Moderate

<table>
<thead>
<tr>
<th>Outcome 06: Safe and suitable premises</th>
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<tbody>
<tr>
<td>The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.</td>
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<table>
<thead>
<tr>
<th>Theme:</th>
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<tbody>
<tr>
<td>Effective Services</td>
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</table>

<table>
<thead>
<tr>
<th>Outstanding requirement(s) from previous inspection(s):</th>
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</thead>
<tbody>
<tr>
<td>No actions were required from the previous inspection.</td>
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<table>
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<tr>
<th>Findings:</th>
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</table>
| Both premises and the adjacent apartment were suitable for purpose. The inspector observed that the smaller unit while very homely and with all of the facilities necessary
was somewhat crowded given the one-to-one staffing levels necessary. This was known and acknowledged by the provider who advised of definitive plans to seek different premises with more space for the residents.

The pathway outside this unit was not easily accessed. While this was not usually a problem at the time of the inspection a resident was using a wheelchair temporarily and access was difficult. The inspector also noted that the residents’ bedrooms were cold despite the heating being on in the late evening. Staff advised that this had been a problem for some time despite regular maintenance and review.

Each resident has their own personalised bedroom. The younger person’s bedroom is suitably furnished and age appropriate. There were two en suites and suitably equipped bathrooms and showers in the centre. Kitchen, dining room and living areas were suitably furnished and domestic in style. There are suitable laundry facilities. Each unit has its own garden which in the case of the younger person has suitable play equipment and space. Equipment, alarms and transport were seen to have been serviced as necessary.

Judgment:
Substantially Compliant

Outcome 07: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
There were four actions required from the previous inspection which related to fire safety and these had been addressed. These related to the provision of suitable fire detection systems in each house with emergency lighting and fire fighting equipment available. There were records of quarterly and annual serving of these systems.

A number of fire doors had been installed in crucial areas in one unit while the second unit and the self-contained apartment had fire doors in all areas. In addition, the provider had installed an additional exit door in an inner bedroom to ensure there was a means of exit for the resident. Night staff had participated in fire drills.

However a number of fire doors were still required to ensure there was adequate means of containment of fire and to allow for safe evacuation in one unit in accordance with the revised guidelines for community services.

In practice, improvements were required in the details and specifics of fire safety
management systems to ensure they were sufficient given the dependency level of the residents.
• The fire management plans and fire drills held were not specific to the units and did not account for the potential need to use a number of exits. This provided no opportunity for staff to become familiar with possible scenarios which may occur.
• The apartment was connected to the main fire alarm in the adjoining unit. However, during the drills the resident came through the main unit to exit although this had not been reviewed and assessed as the safest option by the provider.
• Staff did not carry the key to access the additional external door from the resident's inner bedroom should this be needed in an emergency. (This latter point was addressed promptly during the inspection).

While there were audits undertaken on a number of practices including challenging behaviours, accident and untoward events and medicine errors there was insufficient analysis and detail provided to assess for trends or significant mitigating factors which would inform changes to practice and learning. For example, two of the medicine errors seen indicated a lack of knowledge by staff which required further training in regard to the procedures for sourcing prescribed medicines. In the absence of appropriate review of this information potential opportunities to improve practice could have been missed.

The risk register was available and pertinent risk to residents including falls, choking, unsafe absences, access to unsafe materials with appropriate management strategies identified. Individual risk management plans were also available for each resident. The self-contained apartment was equipped with a monitored personal alarm system which the resident showed to the inspector.

The open fire in one unit was secured behind a suitable guard to ensure residents did not inadvertently get injured. There were individual manual handling/transporting plans where necessary. Infection control procedures were evident and satisfactory.

The emergency plan made suitable arrangements for untoward events including suitable interim accommodation arrangements in the event that either unit had to be evacuated for a period of time.

There was a signed and current health and safety statement available. A number of safety audits of the environment and work practices had been undertaken and were updated regularly.

**Judgment:**
Non Compliant - Moderate

**Outcome 08: Safeguarding and Safety**
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided
with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

**Theme:**
Safe Services

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
There were four actions required from the previous inspection and the inspector was satisfied that the provider had addressed these satisfactorily. Unsuitable and inappropriate restrictive practices had been discontinued. Residents were no longer subject to the negative impact of the behaviours of others on their day-to-day life and wellbeing.

A register of any restrictions in place was maintained and these were reviewed by the multidisciplinary teams and an overseeing rights committee. The use of such practices, which were in this instance minimal, was based on national guidelines, the centres policy and clinically reviewed.

Environmental restrictions used included a locked front door and restricted access to some cleaning materials or implements on occasions. These were seen to be pertinent to the specific identified needs of the residents for safety. A number of practices were directed by legal order and the implementation of these was overseen via external agencies. The use of p.r.n. (administered as required) medicines to manage behaviour was seen to be minimal, carefully managed, clinically overseen, recorded and reviewed.

Staff had the required training in the management of challenging behaviours. There was evidence of frequent review of behaviours that challenge and strategies implemented to support residents. Psychology and psychiatric interventions were also regularly available to both residents and staff to ensure the interventions were understood and adhered to.

There were some improvements required in the specific detail of safeguarding plans for the younger resident when availing of respite with adults. A 1:1 staffing ratio was available and the activities undertaken took account of the need to provide suitable supports for the child. However, the plan did not detail the strategies to prevent any negative impact of the behaviours of the adult residents present on the younger person. The inspector saw no evidence that any such events had occurred.

There were detailed guidelines available in the event of external risks which had been identified and clear timeframes for alerting the emergency services.

Residents who were assessed as not having the capacity to manage their own monies were provided with support. There were systems for oversight and monitoring of all financial activities and limits set for spending and purchases.

The safeguarding policy and children first guidelines were available.
The provider employed a dedicated social work service to promote the safety and welfare of the residents. There was a suitably qualified and experienced person nominated as the designated person to oversee any allegations made. Records demonstrated that all current staff in the centre had received up-to-date training in the prevention of and response to abuse. Relevant staff also had training in Children First (the national policy for safeguarding children). The inspector discussed the revised guidelines in this procedure with the service manager who agreed to ensure the changes were included in future training.

There was evidence that where incidents of misconduct had occurred the provider and local management took appropriate and immediate safeguarding steps, initiated a full investigation of the incidents with appropriate actions following this. Staff were able to demonstrate their understanding of abusive behaviours and of the correct reporting procedures. They expressed confidence in their management to take the appropriate action in the event of such incidents.

Each resident had an intimate care plan in place. Residents who could communicate informed the inspector that they felt safe in the centre.

Judgment:
Substantially Compliant

Outcome 09: Notification of Incidents
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe Services

Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
The actions required form the previous inspection had been addressed. A review of the accident and incident logs, resident’s records and notifications forwarded to the Authority demonstrated that the person in charge was in compliance with requirement to forward the required notifications to the Authority. All incidents were found to be reviewed internally.

Judgment:
Compliant

Outcome 11. Healthcare Needs
Residents are supported on an individual basis to achieve and enjoy the best possible health.

**Theme:**  
Health and Development

**Outstanding requirement(s) from previous inspection(s):**  
No actions were required from the previous inspection.

**Findings:**  
The inspector found that resident’s healthcare needs were well supported but there was a lack of detail available from both records and speaking with staff on matters such as test results or the need for further follow up appointments for some residents. This could have a detrimental effect although at the time of inspection no examples of this were seen.

It was evident from records that there was ongoing and timely access to general practitioner (GP) services, with staff promptly noting any changes in resident’s health. Residents had good access to allied services including neurology, haematology and medicines review, dentistry, ophthalmology and physiotherapy. There were support plans implemented for healthcare needs and staff were familiar with them.

Dieticians and speech and language assessments had been provided and the inspector observed staff following the interventions as prescribed for the residents. Meal times observed were managed in a manner pertinent to the residents' assessed needs for support and interaction with suitable crockery and cutlery used to promote independence.

**Judgment:**  
Substantially Compliant

**Outcome 12. Medication Management**  
*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**  
Health and Development

**Outstanding requirement(s) from previous inspection(s):**  
No actions were required from the previous inspection.

**Findings:**  
The policy on the management of medicines was centre-specific and in line with legislation and guidelines. Systems for the receipt of, management, administration, storage and accounting for medicines were satisfactory. There were appropriate
There was good communication noted with the dispensing pharmacist. The inspector was informed that only staff who had undergone medicines management training were administering medication and competency was assessed following the training. Errors in medicines were discussed in outcome 8 health and safety.

Medicines were reviewed regularly by both the residents' GPs and the prescribing psychiatric service. No resident was assessed as having the capacity to self-administer medicine.

Protocols for the use of pro-re-nata (as required medicines) and emergency medicine were in place and staff were aware of these.

Judgment: Compliant

Outcome 13: Statement of Purpose
There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme: Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.

Findings:
The statement of purpose was forwarded as part of the application for registration and found to be in accordance with the regulations. Admissions to the centre and care practices implemented were congruent with the statement as a service for residents with moderate to severe intellectual disability autism and behaviours that challenge. Staffing levels however were not consistently sufficient to support the care of all residents.

Judgment: Compliant

Outcome 14: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a
suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

**Theme:**  
Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**  
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**  
There were three actions required from the previous inspection and there was evidence that the provider had satisfactorily resolved these issues. These included systems for oversight of practices, supervision of staff, unannounced inspections and annual reviews of service. To this end the provider had made significant changes.

A dedicated person had been appointed to the post or person in charge in August 2016. The person had the suitable qualifications and experience as person in charge. However, due to staffing issues in one unit the level of protected time for the person to carry out their function had been limited. This had been resolved at the time of the inspection and the post-holder was available for oversight of care in both units.

There was clear and effective governance and reporting structures in place with evidence of improved systems to promote accountability. These included regular meetings between the service manager and person in charge, as well as frequent team meetings. Records indicated that these were focused on practice and resident care.

The local management team included the regional services manager and the service manager and was supported by human resource, social work and psychology departments.

The provider nominee had commissioned two unannounced visits to the centre in 2017 since the previous inspection with another scheduled for December 2017. The visits were focused and actions identified had been completed and included revised assessment for residents, actives schedules, communication with residents, staffing and safeguarding matters. An annual report had also been compiled for 2016 and this included the views of the residents and relatives and noted challenges to the services.

The inspector was satisfied that these systems, coupled with more extensive analysis of data as outlined under Outcome 7 Health and Safety would provide satisfactory oversight of the delivery of care.

**Judgment:**  
Compliant

**Outcome 15: Absence of the person in charge**  
*The Chief Inspector is notified of the proposed absence of the person in charge from the*
designated centre and the arrangements in place for the management of the designated centre during his/her absence.

**Theme:**
Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The provider had complied with the requirement to notify HIQA of any proposed absence or change to the person in charge. A suitably qualified person had been nominated and the required documentation was forwarded.

**Judgment:**
Compliant

### Outcome 17: Workforce

*There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.*

**Theme:**
Responsive Workforce

**Outstanding requirement(s) from previous inspection(s):**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
The actions from the previous inspection in relation to the skill mix of staff and the numbers of staff available to support the residents in the evening time had not been satisfactorily addressed.

Residents in one unit required frequent nursing oversight and this had been provided but not consistently. This was rectified at the time of the inspection and a nurse was seen commencing work in this unit.

The findings under Outcome 5: Social Care however indicated that the numbers of staff available in the evenings and at weekends was required review to provide activities and care outside of the primary care needs of the residents in one unit. The skill mix of staff also required review. The findings in health care also indicate that the level of nursing oversight required review to ensure there was sufficient knowledge and follow up of
residents' healthcare needs given their changing needs.

There was waking and sleep-over staff present at night in response to residents' needs.

A review of the training records indicated that all mandatory training in manual handling, first aid, safeguarding and fire safety and medicines management was up-to-date or where gaps were identified training was already scheduled for a small number of new staff.

Systems for staff development and support were pro-active. Formal supervision was undertaken by the person in charge or the service manager. While the organisations policy dedicates this take place annually supervision was undertaken at approximately three-monthly intervals in acknowledgement of particular challenges presented in one unit. The content was appropriate and focused on resident needs and staff capacity to meet these needs. Staff had also been provided with external supports.

Team meetings were held monthly and the records indicated that these were driven by residents’ care needs and changes to practices and routines to support these needs.

A number of agency staff were used although there was evidence that this had decreased. A detailed induction programme was outlined; however the number of hour’s super-numery time could not be considered satisfactory given the assessed needs of the residents.

An examination of a sample of personnel files showed good practice in recruitment procedures for staff with the required documentation sourced and verified by the person in charge prior to taking up appointments. No volunteers were engaged at this time.

All staff spoken with demonstrated a very good knowledge of the residents and acknowledged the revised governance structures as being helpful and responsive.

**Judgment:**  
Non Compliant - Major

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**Outcome 18: Records and documentation**

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

**Theme:**  
Use of Information
Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
All documentation required for the purposes of registration were provided and the required policies were available.

While resident’s records were substantially complete there were improvements required in regards to the following:
• details and outcome of healthcare related investigations
• documents compiled in the event of admission to acute care services lacked the most pertinent information regarding health care needs, and
• outcomes of any updated clinical assessments on the younger resident pertinent to the level of support provided by the centre.

Records in relation to staff were found to be complete.

Judgment:
Substantially Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Noelene Dowling
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

Centre name: A designated centre for people with disabilities operated by Brothers of Charity Services Ireland
Centre ID: OSV-0005363
Date of Inspection: 28 November 2017
Date of response: 11 January 2018

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The confidentiality of residents' personal information was compromised by having to take their personal file to day-care services.

1. Action Required:
Under Regulation 09 (3) you are required to: Ensure that each resident’s privacy and

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

**Please state the actions you have taken or are planning to take:**
The Services will review the practice of taking residential files to day-care services on a daily basis to ensure that resident's privacy is respected whilst ensuring essential information is shared in a safe way.

**Proposed Timescale:** 28/02/2018  
**Theme:** Individualised Supports and Care

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**  
Complaints were not consistently managed transparently or in a timely manner.

**2. Action Required:**  
Under Regulation 34 (2) (b) you are required to: Ensure that all complaints are investigated promptly.

**Please state the actions you have taken or are planning to take:**
The Services shall ensure that all further complaints are managed transparently, in a timely manner and in accordance with organisational policy.

**Proposed Timescale:** 17/12/2017

**Outcome 05: Social Care Needs**

**Theme:** Effective Services

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**  
Residents' social care needs were not consistently facilitated at evenings and weekends. Therapeutic interventions such as sensory supports were not implemented. Staffing arrangements did not facilitate residents having individual personal time in one unit.

**3. Action Required:**  
Under Regulation 05 (2) you are required to: Put in place arrangements to meet the assessed needs of each resident.

**Please state the actions you have taken or are planning to take:**  
Individualised activity timetables will be devised and implemented by the Team Leader and Staff Team in consultation with the people supported and the MDT. These timetables will address resident’s social care needs, address therapeutic interventions and allow for opportunities for individual personal time. Implementation of the
Personalised timetables will be reviewed monthly at Team Meetings by the Team Leader.

**Proposed Timescale:** 28/02/2018  
**Theme:** Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:  
Plans made with residents for social care and recreational activities were not consistently carried out.

4. **Action Required:**  
Under Regulation 05 (7) you are required to: Ensure that recommendations arising out of each personal plan review are recorded and include any proposed changes to the personal plan; the rationale for any such proposed changes; and the names of those responsible for pursuing objectives in the plan within agreed timescales.

Please state the actions you have taken or are planning to take:  
Henceforth plans will be consistently carried out according to the resident’s person centred plan. The Team Leader/Person in Charge will review all plans at Team Meetings and individual staff support meetings to ensure implementation and where barriers arise will escalate them to the Manager for resolution.

**Proposed Timescale:** 01/01/2018

### Outcome 06: Safe and suitable premises

**Theme:** Effective Services

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:  
One of the units was limited in space for the accommodation of residents and the numbers of staff.

5. **Action Required:**  
Under Regulation 17 (1) (a) you are required to: Provide premises which are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

Please state the actions you have taken or are planning to take:  
The Services will seek alternative premises to provide more space for the accommodation of residents. The Provider is mindful that this will require the sourcing of a suitable premises, approval for funding, associated works to ensure compliance with regulations and then an application for variation of the Designated Centre. To this end an 18 month time frame is proposed for achieving this action in totality.
Proposed Timescale: 30/04/2019
Theme: Effective Services

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The heating system required some maintenance.

6. Action Required:
Under Regulation 17 (4) you are required to: Provide equipment and facilities for use by residents and staff and maintain them in good working order. Service and maintain equipment and facilities regularly, and carry out any repairs or replacements as quickly as possible so as to minimise disruption and inconvenience to residents.

Please state the actions you have taken or are planning to take:
Maintenance of the heating system was undertaken following inspection and this is now working effectively.

Proposed Timescale: 01/12/2017
Theme: Effective Services

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The entrance to the centre was not entirely suitable for wheelchair access.

7. Action Required:
Under Regulation 17 (6) you are required to: Ensure that the designated centre adheres to best practice in achieving and promoting accessibility. Regularly review its accessibility with reference to the statement of purpose and carry out any required alterations to the premises of the designated centre to ensure it is accessible to all.

Please state the actions you have taken or are planning to take:
The landlord of the unit has agreed to reconfiguration of the entrance to ensure suitability for wheelchair access. Planning permission for these works has been submitted and it is expected that they will be completed in September 2018.

Proposed Timescale: 30/09/2018

Outcome 07: Health and Safety and Risk Management
Theme: Effective Services

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Audits undertaken on a number of practices were not sufficient to assess for trends or
significant mitigating factors which would inform changes to practice and learning.

8. **Action Required:**
Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

Please state the actions you have taken or are planning to take:
Henceforth audits undertaken will include adequate assessment for trends / triggers and other factors that will promote active learning and improve in practice within the organisation. These will be discussed at monthly Team Meetings to support changes in practice.

**Proposed Timescale:** 16/01/2018  
**Theme:** Effective Services

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
One unit did not have sufficient fire doors to contain the spread of fire.

9. **Action Required:**
Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

Please state the actions you have taken or are planning to take:
Fire doors will be fitted to the required doors in compliance with regulations governing the designated centre.

**Proposed Timescale:** 28/03/2018  
**Theme:** Effective Services

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The fire management plans and fire drills held were not specific to the units and did not account for the potential need to use a number of exits. During practice drills a resident was required to enter the main unit to exit the premises. The suitability of this arrangement had not been adequately assessed and reviewed for safety.

10. **Action Required:**
Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

Please state the actions you have taken or are planning to take:
Henceforth fire drills will take into account the potential need to use various exits from
the designated centre, this will be done in a planned manner and discussed at monthly Team Meetings.

The Personal Emergency Evacuation Plan for the identified individual will be revised to address the arrangements for emergency evacuation and will incorporate opportunities for active learning and development for the resident.

**Proposed Timescale:** 20/01/2018

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**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

*The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:*

Safeguarding plans for children did not take account of potential internal risks and required review.

**11. Action Required:**
Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

*Please state the actions you have taken or are planning to take:*
The safeguarding plans will be revised to take into account potential internal risks.

**Proposed Timescale:** 12/01/2018

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**Outcome 11. Healthcare Needs**

**Theme:** Health and Development

*The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:*

Follow up and clarity regarding healthcare assessments was not consistently evident.

**12. Action Required:**
Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

*Please state the actions you have taken or are planning to take:*
Evidence of follow up and clarity regarding healthcare assessments will be addressed by the Team Leader/Person in Charge through the use of the keyworker system and monthly Team Meetings. Furthermore, deployment of the nursing resource within the designated centre will be reviewed to ensure healthcare matters are adequately addressed.
Proposed Timescale: 12/01/2018

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The numbers of staff available in the evenings and at weekends required review to ensure residents were provided with person centred care and support.

13. **Action Required:**
Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

Please state the actions you have taken or are planning to take:
The Team Leader/Person in Charge will ensure that the implementation of individualised schedules will provide for adequate opportunities for residents to engaging in meaningful activities in the evening and weekend. The Manager and Person in Charge will review the deployment of staffing at evenings and weekends to ensure that the scheduled activities are achieved.

Proposed Timescale: 28/02/2018

**Outcome 18: Records and documentation**

**Theme:** Use of Information

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Some records pertaining to residents were not complete:

These included:
• details and outcome of healthcare related investigations
• Documents compiled in the event of admission to acute care services lacked the most the most pertinent information regarding health care needs.

Outcomes of any updated clinical assessments on the younger resident pertinent to the level of support provided by the centre.

14. **Action Required:**
Under Regulation 21 (1) (b) you are required to: Maintain, and make available for inspection by the chief inspector, records in relation to each resident as specified in Schedule 3.

Please state the actions you have taken or are planning to take:
The incomplete records related to healthcare related investigations have been updated to ensure completeness.
The documents to support admission to acute care settings will be revised by keyworkers to ensure the most pertinent information regarding healthcare needs is included.

The required updated clinical assessments on the younger resident have been received and a system put in place to ensure that any updates are received in a timely manner.

**Proposed Timescale:** 28/02/2018